

PRELIMINARY PLAN

Subdivision Plan Entitled: _____

Land Located: _____

Applicant: _____

Address: _____

Phone: _____

Engineer: _____

Date of Preliminary Plan

Submission date of Preliminary Plan and
Form B Application for approval _____

Submission date to Superintendent of Public
Works who forwards to Board of Health _____

Submission date to other departments:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Approval Deadline Date (45 days from
submission to the Planning Board) _____

Date of Reports from (departments):

<u>Superintendent of Public Works</u>	_____
<u>Conservation Commission</u>	_____
<u>Board of Health (with recommendations</u>	_____
<u>from Fire and Police Departments</u>	_____

_____	_____
_____	_____

Date of Submission of Final Revisions to plan by
Subdivider based on report from Board of Health
and Superintendent of Public Works

Date of Planning Board Approval

Notification date to Town Clerk of
Planning Board action
